

Patient Rights



Welcome	1	Patient Safety	7
Advance Medical Directives	2	Financial Assistance Program	9
Exercise of Patient Rights	3	Nondiscrimination Statement	10
Patient Responsibilities	4	Language Assistance	10
Hospital Information	5		



Welcome to Freeman Health System


As a patient, you have many choices, and we appreciate you choosing Freeman Health System at a time when you need medical care and treatment. Freeman strives to respect your dignity as an individual and honor your wishes regarding your medical care and treatment, without compromising the quality of care we provide.

Our employees are committed to delivering the highest quality care for all our patients.

If there is any way we can be of assistance while you are in our facility, please do not hesitate to contact us. In Joplin, call ext. 4940 and in Neosho, call ext. 4300.

Thank you.

Best regards,



Paula F. Baker
President and Chief Executive Officer



Our mission is to improve the health of the communities we serve through contemporary, innovative, quality healthcare solutions.

FREEMAN WEST

Full-Service General Acute Care
1102 W. 32nd St. | Joplin, MO 64804
417.347.1111

FREEMAN EAST

Outpatient and Post-Acute Care
Behavioral Health Services
932 E. 34th St. | Joplin, MO 64804
417.347.1111

FREEMAN NEOSHO

General Acute Care
113 W. Hickory St.
Neosho, MO 64850
417.451.1234

OZARK CENTER

Behavioral Health Services
1105 E. 32nd St. | Joplin, MO 64804
417.347.7600



freemanhealth.com

Advance Medical Directives

What are advance medical directives?

Advance medical directives can protect your rights if you ever become mentally or physically unable to choose or communicate your wishes regarding medical treatment. It is your right, as a competent adult, to accept or refuse medical care or treatment.

Why file an advance medical directive?

An advance medical directive protects your right to make medical choices when you cannot speak for yourself. It also assists your family by allowing them to know what your wishes are, and it provides guidelines for the physicians and healthcare providers who are taking care of you. Advance medical directives enable you to communicate your feelings about:

- Cardiopulmonary resuscitation (CPR) – used to restore stopped breathing and/or heartbeat.
- Respirators/ventilators – machines used to keep patients breathing.
- Dialysis – a method of cleaning a patient’s blood by machine when kidneys no longer work properly.
- Intravenous therapy (IV) – used to provide fluids and/or medication through a tube placed in the vein.
- Feeding tube – inserted through the nose and throat to provide nutrition when patients can no longer eat normally.

What kinds of advance medical directives are recognized?

Living will: These written instructions, explaining your wishes regarding healthcare and treatment, take effect while you are alive but unable to speak for yourself. A living will requires your witnessed signature and is only effective if you have a terminal condition. Note: In Kansas, your signature must be notarized or two witnesses must sign your living will for it to be considered valid. Witnesses cannot be your agent, relative or beneficiary.

Durable power of attorney: This is a written document in which you name a person (or persons) as an agent or proxy to make decisions for you regarding healthcare treatment when you become unable to do so. In addition, you can state in your advance medical directive your wishes regarding donation of specific organs, bone or tissue for transplantation in the event of your death. A durable power of attorney requires your witnessed and notarized signature. In Kansas, your signature must be notarized or two witnesses must sign your Durable Power of Attorney for Healthcare Decisions for it to be considered valid.

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Important note: Advance medical directives do not take effect while you are able to communicate your wishes regarding healthcare treatment.
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How do I create an advance medical directive?

Put your wishes in writing and be as specific as possible. Forms are available at the back of this booklet and from Freeman Admissions for your use. If you are a patient in the hospital, please ask your physician or nurse for assistance.

- Sign and date your advance medical directives and have them witnessed and notarized, where appropriate.
- Give your physician a copy to keep as part of your medical record.
- Discuss your advance medical directives with family and friends and give copies to those who are likely to be notified in case of an emergency.

- Review your advance medical directives regularly and make any changes when necessary. Remember to inform your physician, family, and proxy or agent of any changes. You may revoke or revise either type of advance medical directive at any time, either orally or in writing. Freeman will honor your wishes as stated in a properly executed document.

Transportable Physician Orders for Patient Preference (TPOPP)

TPOPP is appropriate for people who have a serious, progressive and chronic illness and have talked with trusted healthcare providers about the type of medical care they want as their disease and symptoms get worse. It addresses a person’s thoughts on CPR, medical care and artificial nutrition. The TPOPP form is bright pink – it is signed by a doctor and directs future medical care. Use of TPOPP is completely voluntary. TPOPP is practical because you can take it into different healthcare settings – hospital, home, hospice or nursing facility.

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Important notes: If a physician, nurse or other healthcare provider morally feels that he/she cannot follow the wishes expressed in the advance medical directive, and the advance medical directive is within state and federal law, it is the responsibility of the physician and hospital to help the patient find a healthcare provider, physician, nurse or hospital that will follow the patient’s advance medical directive.

Individuals shall not be discriminated against because of their advance medical directive.

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Exercise of Patient Rights

A patient has the right:

- To participate in the development and implementation of his/her plan of care;
- Or for his/her representative/support person (as allowed under state law) to make informed decisions regarding his/her care. The patient’s rights include being informed of his/her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- To formulate advance directives and have hospital staff and practitioners who provide care in the hospital comply with these directives.
- To have a family member or representative of his/her choice and his/her own physician notified promptly of his/her admission to the hospital.
- To be informed of visitation rights and to choose who may visit him/her during his/her inpatient stay, regardless of whether the visitor is a family member, a spouse, a domestic partner (including same-sex domestic partner), a friend or other type of visitor, as well as the right to withdraw such consent to visitation at any time, and the right for a support person to be identified who, for incapacitated persons, can make the visitation decisions given to patients.
- To personal privacy.
- To receive care in a safe setting.
- To be free from all forms of abuse or harassment.
- To the confidentiality of his/her clinical records.
- To access information contained in his/her clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.

Exercise of Patient Rights *continued*

- To be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- To be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his/her access to services.
- To know the professional status of any person providing his/her care or services.
- To know the reasons for any proposed change in the professional staff responsible for his/her care.
- To know the reasons for his/her transfer either within or outside the hospital.
- To know the relationship(s) of the hospital to other persons or organizations participating in the provision of his/her care.
- To access to the cost, itemized when possible, of services rendered within a reasonable period of time.
- To be informed of the source of the hospital's reimbursement for his/her services, and of any limitations which may be placed upon his/her care.
- To be informed of the right to have pain treated as effectively as possible.
- To request or have a representative request a discharge planning evaluation.
- To seek review by the Quality Improvement Organization (QIO) for quality of care issues and coverage decisions, or to appeal a premature discharge, please file a complaint or grievance by contacting the following agencies: Missouri or Kansas: Levanta 888.755.5580, Arkansas or Oklahoma: KEPRO 888.315.0636

The patient's family has the right to give informed consent for donation of organs and tissues if patient meets eligibility requirements and no First Person Consent is present.

For security purposes, certain areas of this facility may be under video surveillance and may be temporarily recorded. Security camera placement has been made with sensitivity to a patient's right to personal privacy.

Questions or concerns?

If you have any questions regarding these rights, concerns about safety issues, concerns about a possible rights violation or a grievance you wish to file in regard to your care, please ask to speak with a nurse manager of the unit where you are a patient or contact Patient Relations at 417.347.4940. Grievances will be addressed by a Patient Relations member within seven (7) business days of receipt from the patient or nurse manager. You may also lodge a grievance directly by contacting the Missouri Department of Health and Senior Services, Bureau of Hospital Standards at PO Box 570, 920 Wildwood Drive, Jefferson City, MO 65102-0570 or 573.751.6303 or 800.392.0210. In Kansas, contact the Kansas Department of Aging and Disability at 503 S. Kansas Avenue, Topeka, KS 66603 or 800.842.0078. In Oklahoma, contact the Oklahoma State Department of Health at 1000 NE 10th Street, Oklahoma City, OK 73117 or 800.747.8419.

Patient Responsibilities

As a patient, you have the responsibility:

TO PROVIDE INFORMATION

- Provide accurate and complete information concerning your current health status, complaints, past medical history and all other matters that may affect medical treatment.
- Communicate to your physician or healthcare provider whether or not you understand the course of your medical treatment and what is expected of you.
- Inform your healthcare provider that you do not wish to be photographed for educational purposes or medical documentation, unless required by law.

TO PARTICIPATE IN TREATMENT

- Follow the treatment plan established by your physician, including instructions from nurses and other healthcare professionals as they carry out the physician's orders.
- Take responsibility for your actions and the consequences, should you refuse treatment, not follow physician's orders or leave the hospital against the advice of your physician.
- Inform your physician and healthcare provider if you wish to change your advance medical directive.

TO FOLLOW THE RULES

- Be considerate of the rights of other patients and hospital personnel.
- Be respectful of hospital property.
- Follow hospital policies and procedures:
 - Tobacco use of any type is strictly prohibited on all Freeman Health System properties; nicotine replacement options are offered for all admitted patients.
 - Mandatory check by hospital maintenance personnel of all personal electrical appliances (hair dryer, electric razor, etc.) before use in the hospital.

OTHER RESPONSIBILITIES

Patients should ensure the fulfillment of financial obligations related to hospital care within a reasonable period of time and take personal responsibility for arrangement, payment and liability of any private duty care.

Any time your family feels you may need emergent care while hospitalized, they may call the hospital's FIRST Team (Freeman Immediate Response Stabilization Team) by dialing the operator. In addition, the hospital encourages patients and/or their family members to speak up when they have concerns so the hospital can address them in a timely fashion.

What not to bring

Freeman Health System cannot be responsible for items not turned over to the hospital staff for safekeeping. For your protection, please do not bring the following:

- Credit cards (other than those needed for co-pays and deductibles)
- Large amounts of cash
- Valuable jewelry, electronic equipment, etc.

Hospital Information

Visiting hours

Generally allowed 7:00 am – 8:30 pm, unless specifically posted otherwise or due to clinical condition of patient.

If you plan to stay in the hospital overnight to care for or be close to a loved one, please register at the nurses station. Your cooperation helps us ensure the safety of patients, visitors and staff.

Entrances

FREEMAN WEST: Main and Emergency Room entrances remain open 24 hours. The Freeman Heart & Vascular Institute entrance is locked from 8:00 pm – 5:00 am although visitors may exit through it at any time.

FREEMAN EAST: Doors are monitored from 9:00 pm – 5:00 am. The Admitting entrance located at the west end of Freeman East remains open 24 hours.

FREEMAN NEOSHO: Emergency Room entrance located at the west side of Freeman Neosho remains open 24 hours. The Main entrance is open from 6:30 am to 9:00 pm.

Hospital Information

On-site physician availability

A physician is available at Freeman West and Freeman Neosho 24 hours a day, 7 days a week. At Freeman East and other facilities, a physician is not available 24 hours a day, 7 days a week. However, qualified medical personnel are available 24 hours a day, 7 days a week or during the posted facility hours. When a physician is not present, patients with healthcare emergencies will be assessed and treated by qualified medical personnel, with physician support if necessary, or transferred to Freeman West or another hospital if requested by the patient.

Pastoral care

The hospital chapels are available for prayer and reflection 24 hours a day.

- Freeman West – second floor central hospital corridor
- Freeman East – third floor near main elevators
- Freeman Neosho – second floor by south elevators

Chaplains are available for patients and their families. Please contact your nurse if you wish to speak with someone, or call ext. 6627.

Housekeeping

To make your stay in the hospital as pleasant as possible and help you feel at home, your Freeman Housekeeping Team cleans and sanitizes your room daily.

- 7:00 am - 9:00 am: A member of housekeeping will stop by, introduce himself/herself and take care of any immediate housekeeping needs.
- 9:30 am - 3:30 pm: The restroom and floors will be cleaned, and the room will be dusted and sanitized. A member of housekeeping will also cater to any additional housekeeping needs.

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Please note: For fresh bed linens or assistance with the restrooms, please contact your nurse or nurse tech.
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Your Freeman Housekeeping Team welcomes you to call at any time, day or night, with questions, requests or concerns.

- Freeman West ext. 4147
- Freeman East ext. 4148
- Freeman Neosho ext. 4397

Telephones

To make local outside calls from a patient room, just dial the number. To make long distance, collect or credit card calls, dial the operator for assistance.

From outside the hospital, patient rooms may be dialed directly 417.347 + patient's room number. For example, dial 417.347.2831 for room 283.1.

A TTY phone is located in the Telecom Department at Freeman West and at the Freeman East and Freeman Neosho Admissions desks.

Both pay and courtesy phones (for local calls) are available at all hospitals.



Patient Safety

We want to make your stay as safe and worry-free as possible. To accomplish this, we need your participation.

Patient identification

Each patient at Freeman receives an identification bracelet. It tells us at a glance who you are and helps us track your hospital information during your stay.

- Check your ID bracelet for correct information.
- Wear your ID bracelet during your entire hospital stay.
- Make sure hospital staff check your ID bracelet before performing any test or procedure.
- Expect Freeman staff to use at least two identifiers (name, date of birth, etc.) to verify your identity at every interaction.

Preventing falls

We want to help you move about safely and easily. Don't hesitate to call the staff for assistance.

- Ask for help by using your call button. Request help anytime – especially at night when it is dark or when you are groggy or sleepy.
- If the side rails on your bed are up, this is a reminder for you to stay in bed. Call for assistance if you want to get up.
- Use your call button if your nurse has instructed you to call for assistance when getting out of or into bed, moving to or from your chair, or walking to and from the restroom.
- Keep the bed in the low position so your feet touch the floor when you sit on the edge of the bed.
- Rest on the side of the bed before standing.
- Wear non-skid shoes or socks to prevent slipping.
- If possible, please ask a family member to stay overnight with you at the hospital.

Surgical safety

Cleaning your skin before surgery can help decrease the risk of infection at the surgical site.

- Showering every day for one week before your procedure with a standard soap or a special antimicrobial soap helps reduce micro-organisms on your skin.
- On the night before your surgery, please sleep on freshly laundered sheets (after your shower) and wear freshly laundered clothing to bed.
- Use chlorhexidine gluconate (CHG) prep cloths and follow the "Preparing the skin before surgery" handout, if provided by your doctor.
- Use an antiseptic mouth rinse to gargle each morning and evening one week before surgery. This helps reduce germs in your mouth and throat to help prevent pneumonia after surgery.

Freeman follows the strictest medical guidelines to ensure surgeries are performed on the proper area(s) of the body. For added safety:

- If you are a patient undergoing a surgery specific to the left or right side of the body, you will be asked to mark your body with a marker on the operation area.
- As an additional means of confirmation, you will be asked to tell us about your operation and indicate the body area scheduled for surgery prior to your procedure.
- Don't hesitate to ask questions regarding your surgery.

Skin health

You will have a healthier stay by lying in different positions. To prevent skin sores, reposition yourself in bed every two hours.

Hand hygiene

One of the ways our healthcare professionals provide a safe environment in which to heal is to clean their hands with soap and water or alcohol hand-wash product before and after caring for you.

For your safety, remember to wash your hands regularly with soap and water or an alcohol hand rub, and please ask your visitors to do the same. Each patient room has a hand-sanitizing station near the door.

Respiratory care

You expel germs into the air whenever you sneeze or cough. Help prevent the spread of infection by following these steps.

- Turn away from others before sneezing or coughing.
- Cover your mouth and nose with a tissue when sneezing or coughing.
- Discard the tissue in the trash.
- If you do not have a tissue available, sneeze or cough into your upper sleeve, not into your hands.
- Always clean your hands after sneezing or coughing.

Important note: After surgery, harmful secretions can accumulate in your lungs. Deep breathing exercises can help prevent this accumulation and speed your recovery.

- *Your nurses will help remind you to turn, cough and breathe deeply as often as every hour.*
- *You will also be asked to use a spirometer, a tool that helps prevent lung problems, every hour when awake.*

Medication

Our goal is to safely and effectively administer the medications that have been ordered for you. We adhere to quality standards and strict procedures to assure you receive the right medication, in the right amount, at the right time and in the right manner. Patients and families can help by following a few simple guidelines.

- Make sure your healthcare professional checks your ID bracelet before giving you any medication.
- Inform the nursing staff about medications you normally take at home and ask whether you should continue such medications while in the hospital.
- For your safety, do not take any medications you bring to the hospital unless instructed to do so by your nurse.
- Know the medications you take while in the hospital and ask questions until you are completely satisfied that you are receiving the correct medication.
- Stay informed about the times you should receive each of your medications. Alert the nursing staff if you feel these times are not accurately observed.
- Double-check with the nursing staff to make sure they know all of your food and medication allergies.
- Observe the appearance of your medications when you receive them. If something does not seem right – the color, shape or the manner in which the medication is administered – ask your nurse to check it.

Know the plan for administering medications and never hesitate to ask questions. Always keep a list of your medications with you. Be sure to note purposes, dosages, instructions and names of drugs.

Freeman Health System Financial Assistance Program

The Freeman Health System Financial Assistance Program exists to provide eligible patients with partially or fully discounted emergent or medically necessary care. Patients seeking financial assistance must apply for the program.

ELIGIBILITY

Eligible services include emergent and/or medically necessary healthcare services provided by Freeman hospitals or clinics and billed by Freeman. Pathology services and care performed by emergency room physicians may be eligible under the Freeman Financial Assistance Program; patients should contact these providers directly.

Eligible patients are those who have received eligible services, **submitted a completed Financial Assistance Application** (including related documentation/information) and been determined to be eligible for financial assistance by Freeman.

HOW TO APPLY

Download an application at freemanhealth.com, or request an application:

- At a main registration desk at any Freeman hospital or clinic.
- By calling Freeman Patient Accounts Department at 417.347.6686.
- By writing a letter to or visiting Freeman Patient Accounts, 3220 McClelland Boulevard, Joplin, Missouri.

Mail the completed application with all documentation and information specified in the instructions to:

Freeman Patient Accounts
1102 W. 32nd Street
Joplin, Missouri 64804

DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY

Generally, people are eligible for financial assistance using a sliding scale when their family income is at or below 250% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance means that eligible people will have their care fully or partially discounted. Financial assistance levels, based on family income and FPG:

- **Family income at 0% – 100% of FPG: eligible for fully discounted care**
- **Family income at 101% – 250% of FPG: eligible for partially discounted care**

Note: Other criteria beyond Federal Poverty Guidelines may also be considered such as debt-to-income ratio for patient balances that exceed reasonable debt-to-income ratios, which may result in exceptions. If no family income is reported, the patient will be required to show how daily expenses are covered. Freeman staff review completed applications to determine financial assistance eligibility in accordance with the Freeman Financial Assistance Policy. Incomplete applications will not be considered, but applicants will be notified and given an opportunity to submit the required information.

Need help? Have questions?

Please call Freeman Patient Accounts at 417.347.6686, 8:00 am to 4:30 pm Monday – Friday.

Informing Individuals About Nondiscrimination and Accessibility Requirements and Nondiscrimination Statement: Discrimination is Against the Law

Freeman Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex or gender identity.

Freeman Health System does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Freeman Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact an Admissions representative or your nurse. If you believe that Freeman Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Freeman Health System's Director of Risk Management, 1102 W. 32nd Street, Joplin, MO 64804, 417.347.4940 [Phone], 800.877.8973 [Text Telephone (TTY) Number], 800.477.6610 [Voice], 417.347.3610 [Fax], freemanhealth.com/contact-us [Website]. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Freeman Health System Director of Risk Management and Patient Relations is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 800.368.1019 [Phone], 800.537.7697 [TDD]; or

You can also file a civil rights complaint with the Missouri Department of Social Services, Office for Civil Rights, by mail or phone at: Department of Social Services, Office for Civil Rights, P.O. Box 1527, Jefferson City, MO 65102, 800.776.8014 [Phone], or 866.735.2460 [Text Telephone (TTY) Number]; 800.735.2966 [Fax]. In Kansas, contact the United States Attorney's Office, District of Kansas – Civil Rights Division at 500 State Avenue, Suite 360, Kansas City, KS 66101 or 855.321.5549 [Phone]. In Oklahoma, contact the Office of Civil Rights, Oklahoma Department of Human Services at P.O. Box 25352, Oklahoma City, OK 73125-0352 or 405.521.3529 [Phone].

Language Assistance

Language assistance is provided free of charge. Please contact an Admissions representative or nurse if you are in need of language assistance.

Language Assistance Services for Individuals with Limited English Proficiency

1. **(English)** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 417-347-1111 (TTY: 1- 800-682-8786).
2. **(Spanish)** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 417-347-1111 (TTY: 1- 800-682-8786).
3. **(Chinese)** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 417-347-1111 (TTY：1- 800-682-8786)。
4. **(Vietnamese)** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 417-347-1111 (TTY: 1- 800-682-8786).



5. **(Serbo-Croatian)** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 417-347-1111 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1- 800-682-8786).
6. **(German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche ilfsdienstleistungen zur Verfügung. Rufnummer: 417-347-1111 (TTY: 1- 800-682-8786).
7. **(Arabic)** 417-347-1111 مقرر لصتا. ن اجم اب كل رف او تت ةى و غ ل ل ا ة د ع اس م ل ا ت ا م د خ ن ا ف ، ة غ ل ل ل ر ك ذ ا ت د ح ت ت ت ن ك ا ذ ا : ة ظ و ح ل م ه م ص ل ل م ك ب ل ا و : 1- 800-682-8786). مقر
8. **(Korean)** □□: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 417-347-1111 (TTY: 1- 800-682-8786)번으로 전화해 주십시오.
9. **(Russian)** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 417-347-1111 (телетайп: 1- 800-682-8786).
10. **(French)** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 417-347-1111 (ATS: 1- 800-682-8786).
11. **(Tagalog – Filipino)** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 417-347-1111 (TTY: 1- 800-682-8786).
12. **(Pennsylvanian Dutch)** Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 417-347-1111 (TTY: 1- 800-682-8786).
13. **(Persian (Farsi))** امش ی ارب ناگیار ترو ص ب ی نا ب ز ت ا ل ی ه س ت ، د ی ن ک ی م و گ ت ف گ ی س ر ا ف نا ب ز ه ب ر گ ا : ه ج و ت م ه ا ر ف ی م د ش ا ب . ا ب (417-347-1111 (TTY: 1- 800-682-8786) س ا م ت د یر ی گ ب .
14. **(Oromo)** XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 417-347-1111 (TTY: 1- 800-682-8786).
15. **(Portuguese)** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 417-347-1111 (TTY: 1- 800-682-8786)
16. **(Amharic)** ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 417-347-1111 (መስማት ለተሳናቸው: 1- 800-682-8786).
17. **(Cherokee)** Hagsesda: iyuhno hyiwoniha [tsalagi gawonihisdi]. Call 417-347-1111 (TTY: 1- 800-682-8786)
18. **(Micronesian-Pohnpeian)** Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantoal kan ahpw wasa me ntingie [Lokaiahn Pohnpei] komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call 417-347-1111 (TTY: 1- 800-682-8786).
19. **(Laotian)** ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການພິການ ຊ່ວຍເຫຼືອຕົນພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕໍ່ມ່ນີມ ພ້ອມໃຫ້ທ່ານ. ໂທ 417-347-1111 (TTY: 1- 800-682-8786).
20. **(Japanese)** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。417-347-111 (TTY:1- 800-682-8786) まで、お電話にてご連絡ください。
21. **(Hmong)** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 417-347-1111 (TTY: 1- 800-682-8786).
22. **(Swahili)** KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 417-347-1111 (TTY: 1- 800-682-8786).
23. **(Thai)** เรียบน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 417-347-1111 (TTY: 1- 800-682-8786).
24. **(Urdu)** 417-347-1111 لاک - سی ہب ای تسد سی م تفم ت ا م د خ ی ک د د م ی ک ی نا ب ز و ک پ ا و ت ، ی س ہ ع ت ل و ب و د ر ا پ ا ر گ ا : ر ا د ر ب خ (TTY: 1- 800-682-8786). ک
25. **(Burmese)** သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 417-347-1111 (TTY: 1-800-682-8786) သို့ ခေါ်ဆိုပါ။

**Advance Medical Directive Form
(Living Will – Part I)**



NOTE: This is a two part form. You may complete both parts or only one part.

Part I: Health Care Treatment Directive

DOB: ____/____/____

I, _____, make this Health Care Directive to exercise my right to determine the course of my health care and to provide clear and convincing proof of my treatment decisions when I lack the capacity to make or communicate my decisions.

If my physician believes that a certain life-prolonging procedure or other health care treatment may provide me with comfort, relieve pain or lead to significant recovery, I direct my physician to try the treatment for a reasonable period of time. However, if such treatment proves to be ineffective, I direct the treatment to be withdrawn, even if doing so may shorten my life.

- 1) I direct that I be given health care treatment to relieve pain or to provide comfort, even if such treatment might shorten my life, suppress my appetite or my breathing or be habit forming.
- 2) I direct all life prolonging procedures to be withheld or withdrawn when there is no realistic hope of significant recovery if I have a terminal condition or if I have any of the following conditions: (check all that apply)

- a condition, disease or injury without hope of significant recovery and there is no reasonable expectation that I will regain an acceptable quality of life; or
- severe brain damage or brain disease which cannot be significantly reversed

- 3) When the above conditions exist, I choose to have the following life-prolonging procedures withheld or withdrawn: (check all that apply)

- Surgery or other invasive procedure
- Dialysis
- Heart-lung resuscitation (CPR)
- Mechanical ventilator (respirator)
- Artificially supplied nutrition and hydration (including tube feeding of food and water)
- Medications other than those that provide comfort

- 4) I make other instructions as follows: _____

Signed this ____ day of _____
(month, year)

Signed _____
(signature) (city, county and state of residence)

The Declarant is known to me, is 18 years of age or older, is of sound mind and has voluntarily signed this document. {Note: If the Declarant is unable to sign, then this document may be signed by another person in the Declarant’s presence at the Declarant’s expressed direction. This Part I is effective with two witnesses who must be over the age of 18 and who cannot be the same person who signs for the Declarant if someone does. No notary is needed.}

Witness _____ Address _____

Witness _____ Address _____

(see other side for Part II)


A GUIDE TO Primary Care vs. Urgent Care vs. Emergency Care

Making the right choice can make a difference in time and money.

PRIMARY CARE

A primary care office handles patients on a **scheduled basis**.

Reasons to visit your primary care physician include:

-  Regular health screenings
-  Routine check-ups
-  Physicals
-  Preventive care
-  Flu symptoms
-  Prescription refills

Freeman Physician Finder Line
417.347.3767
800.297.3337

Freeman First Care
3202 McIntosh Circle, Ste. 103 | Joplin
417.347.8200

URGENT CARE

Quick, convenient care for health needs that are **NOT life-threatening**, but can't wait until the next day or longer.

Conditions treated at an urgent care location include:

-  Ear infections
-  Insect bites and stings
-  Minor injuries
-  Mild or moderate aches and pains
-  Minor rashes, cuts or bites







Freeman Urgent Care
1130 E. 32nd St. | Joplin
417.347.2273

Freeman Urgent Care
1636 S. Madison St. | Webb City
417.347.2273

EMERGENCY CARE

Call 911 or go to the closest emergency department if you are in severe pain or your condition is **endangering your life**.

Examples of medical emergencies include:

-  Suspected heart attack
-  Suspected stroke
-  Broken bones
-  Sudden or severe pain
-  Coughing up or vomiting blood
-  Difficulty breathing or shortness of breath

Freeman West Emergency Room
1102 W. 32nd St. | Joplin
417.347.6656

Freeman Neosho Emergency Room
113 W. Hickory St. | Neosho
417.451.1234

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